

**EXHIBIT C**

**DRIVE PLANNING**  
**PROOF OF CLAIM AND RELEASE FORM**

**DEADLINE TO SUBMIT A CLAIM IS [\_\_\_\_\_]**

*Re: U.S. Securities and Exchange Commission v. Drive Planning, LLC and Russell Todd Burkhalter (Defendants) and Jacqueline Burkhalter, The Burkhalter Ranch Corporation, Drive Properties, LLC, Drive Gulfport Properties LLC, and TBR Supply House, Inc. (Relief Defendants), Civil Action No. 1:24-cv-03583-VMC, pending in the United States District Court for the Northern District of Georgia (the “Court”).*

In order to receive a distribution as an eligible claimant in this legal action, you must complete and submit this Proof of Claim and Release Form. The final approval or disapproval of claims, the determination of priority of claims for distribution, and any distribution amount will be determined by the Court. By submitting a Proof of Claim and Release Form, you submit to the jurisdiction of the Court and agree that it is the appropriate venue for final adjudication of your claim against the Drive Planning Receivership Estate.

**Please mark the statement below to attest that you are an eligible claimant:**

[\_\_\_\_\_] I hereby swear under oath that:

- (i) I transferred funds to Drive Planning, OR I provided goods or services or loaned money to Drive Planning;

AND

- (ii) the total amount that I transferred to Drive Planning exceeds the total amount that was returned to me, such that I suffered a net loss, OR I am owed money for goods or services, or for a loan, that I provided to Drive Planning;

AND

- (iii) I am not a member, owner, officer, director, or other insider of Drive Planning, (b) was not a member, owner, officer, director, or other

insider of any entity owned in full or in part by Drive Planning, and (c) did not knowingly assist Drive Planning or Defendant Burkhalter to effectuate, perpetuate, or promote any of Drive Planning's investment scheme(s) or have knowledge of the fraudulent nature of such scheme at the time of the investment, loan, or other transaction related to my claim.

**If you cannot attest above that you are an eligible claimant, DO NOT submit a Proof of Claim.**

**YOUR ALLOWED CLAIM AMOUNT:**

Dear [Claimant(s)]:

The Receiver has determined that the Claimant(s) listed above have a total Allowed Claim in the amount of \$\_\_\_\_\_. Your Allowed Claim Amount is the amount of your net loss from investing in Drive Planning, LLC, calculated as the total transfers Claimant(s) made to Drive Planning, LLC, minus the total withdrawals, interest payments, or commission payments the Claimant(s) received from Drive Planning, LLC.

Below is the calculation of your Allowed Claim Amount:

Date of Transfer	Amount of Transfer	Source of Transfer to Drive Planning	Claimant Transfer Relates To	Name of Transferor if Different than Claimant

Date of Transfer from Drive Planning	Amount of Transfer from Drive Planning	Source of Transfer from Drive Planning	Claimant Transfer Relates To	Name of Recipient if Different than Claimant

**Your Allowed Claim Amount \$**\_\_\_\_\_

If you agree with your Allowed Claim Amount, please click here to <<**ACCEPT**>>, and you will be taken to the Release and Certification. You do not need to submit documentation in support of your claim.

If you DO NOT agree with your Allowed Claim Amount, please click here to <<**REJECT**>> the Receiver's determination, and you will be taken to a blank claim form to complete your claimant information, transaction details, claim amount, and submit documentation in support of that claim amount.

### **RELEASE**

By submitting this Claim Form, Claimant(s) hereby release all of their claims against Drive Planning LLC, the Receiver and his agents, and the Receivership Estate, and agree that their recovery pursuant to the claims provided in the Claim Form will be limited to the amount they receive from the Estate through the Claims Process and corresponding distribution plan.

### CERTIFICATION

The undersigned certifies under penalty of perjury under the laws of the United States of America that the information contained in this Proof of Claim, including any attachment(s), is correct and that the undersigned is authorized to make this claim. **Each Claimant listed in this Claim Form must sign below.**

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Signature

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Date

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Printed Name

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Title, if any, of Claimant(s) or other person authorized to file this claim  
(attach copy of power of attorney, if any)

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Signature

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Date

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Printed Name

---

Title, if any, of Claimant(s) or other person authorized to file this claim  
(attach copy of power of attorney, if any)

**BLANK CLAIM FORM**

(Only for use by Claimants rejecting the Receiver's determination of Allowed Claim Amount)

**CLAIMANT INFORMATION:**

Claimant Name (First and Last): \_\_\_\_\_

Consolidated Claimant Accounts: \_\_\_\_\_

Claimant Email Address: \_\_\_\_\_

Claimant Email Address Used With Drive Planning (if different than above): \_\_\_\_\_

Claimant Mailing Address: \_\_\_\_\_

Claimant Telephone No.: \_\_\_\_\_

Please complete the table below, establishing the amount of your claim against Drive Planning. Do not include interest or profits allegedly earned but not transferred to the claimant:

**TRANSACTION DETAILS:**

Date of Transfer or providing goods / services	Amount of Transfer or value of goods / services	Source of Transfer to Drive Planning	Claimant Transfer Relates To	Name of Transferor if Different than Claimant

Date of Transfer from Drive Planning	Amount of Transfer from Drive Planning	Source of Transfer from Drive Planning	Claimant Transfer Relates To	Name of Recipient if Different than Claimant

Total Amount of Your Transfers, or value of goods or services provided, to Drive Planning in U.S. Dollars: \$ \_\_\_\_\_

Total Amount of Your Receipt of Funds From Drive Planning in U.S. Dollars: \$ \_\_\_\_\_

Net Amount of Your Claimed Loss in U.S. Dollars: \$ \_\_\_\_\_

#### **DOCUMENT UPLOAD:**

Click this link <<**UPLOAD**>> to upload documentation supporting your claim. **Claims without supporting documentation may be automatically denied.**

#### **RELEASE**

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## CERTIFICATION

The undersigned certifies under penalty of perjury under the laws of the United States of America that the information contained in this Proof of Claim, including any attachment(s), is correct and that the undersigned is authorized to make this claim. **Each Claimant listed in this Claim Form must sign below.**

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Signature

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Date

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Printed Name

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Title, if any, of Claimant(s) or other person authorized to file this claim  
(attach copy of power of attorney, if any)

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Signature

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Date

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Printed Name

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Title, if any, of Claimant(s) or other person authorized to file this claim  
(attach copy of power of attorney, if any)

### Reminder Checklist:

1. Please sign above under penalty of perjury.
2. Remember to attach documentation supporting your claim.
3. Please explain if you are not able to attach supporting documentation.
4. DO NOT MAIL ORIGINAL DOCUMENTS.
5. Keep a copy of your submitted claim form and all supporting documentation for your records.
6. If your contact information changes, please send the Receiver updated information.